

SUPREME COURT OF TENNESSEE Administrative Office of the Courts Nashville City Center, Suite 600 511 Union Street Nashville, Tennessee 37219



An Equal Opportunity Employer

Application for Employment

Notice:

The Supreme Court of Tennessee is committed to the principles of equal opportunity, equal access, and affirmative action. Discrimination on the basis of age, race, sex, color, religion, national origin, disability, or any other non-merit factor is prohibited.

To receive proper consideration, ALL questions must be answered. Unsigned applications will be returned to the applicant.

Please Type or Print clearly

Position Requested		Telephone	Date
Last Name	First Nam	ne	Middle Name
Current Address			
Number Street	City	State	Zip Code
 When can you begin work? What are your salary requiremen Are you over the age of 18? Do you have a legal right to work Have you been dismissed or force 	Yes □ No cand remain in the United		
If yes, please describe in full:			
EDUCATION			
High school name and address	Course of stud	dy Number of years attended	Highest grade completed 19 10 11 12 GED
College name and address	Course of stud	dy Number of years attended	Number of years completed 1 1 1 2 1 3 1 4
Diploma or degree received:			·
Other College/School Name and address	Course of stud	Number of years attended	Number of years completed
Diploma or degree received:	<u>'</u>	1	

EMPLOYMENT HISTORY

Give names and addresses of previous employers (including civil service). List in order with current or last employer first. If you are now working, give name and address of present employer and state such reason or desire to quit. Also give reason for any lapse of time between periods of employment.

A.	Describe your duties:
Employed: From Mo Yr to Mo Yr	
Title of position	
Title of position Last Salary	
Name and address of employer	
Traine and address of employer	
Number of employees you supervised	
Name and title of your immediate supervisor	
D	Describe very duties
B.	Describe your duties:
Employed: From Mo Yr to Mo Yr	
Title of position	
Employed: From Mo Yr to Mo Yr Title of position Last Salary	
Reason for Leaving	
Name and address of employer	
Number of employees you supervised	
Name and title of your immediate supervisor	
6	Describe very duties
C. Employed From Mo. Vr. to Mo. Vr.	Describe your duties:
Employed: From Mo. Yr. to Mo. Yr.	——————————————————————————————————————
Employed: From Mo. Yr. to Mo. Yr.	Describe your duties:
Employed: From Mo Yr to Mo Yr Title of position Starting Salary Last Salary	Describe your duties:
Employed: From Mo Yr to Mo Yr Title of position Last Salary Reason for Leaving	Describe your duties:
Employed: From Mo Yr to Mo Yr Title of position Last Salary Reason for Leaving	Describe your duties:
Employed: From Mo Yr to Mo Yr Title of position Starting Salary Last Salary	Describe your duties:
Employed: From Mo Yr to Mo Yr Title of position Starting Salary Last Salary Reason for Leaving Name and address of employer	Describe your duties:
Employed: From Mo Yr to Mo Yr Title of position Starting Salary Last Salary Reason for Leaving Name and address of employer Number of employees you supervised	Describe your duties:
Employed: From Mo Yr to Mo Yr Title of position Starting Salary Last Salary Reason for Leaving Name and address of employer	Describe your duties:
Employed: From Mo Yr to Mo Yr Title of position Starting Salary Last Salary Reason for Leaving Name and address of employer Number of employees you supervised	Describe your duties:
Employed: From Mo Yr to Mo Yr Title of position Starting Salary Last Salary Reason for Leaving Name and address of employer Number of employees you supervised	Describe your duties:
Employed: From Mo Yr to Mo Yr Title of position Starting Salary Last Salary Reason for Leaving Name and address of employer Number of employees you supervised	
Employed: From Mo Yr to Mo Yr Title of position Starting Salary Last Salary Reason for Leaving Name and address of employer Number of employees you supervised Name and title of your immediate supervisor D.	Describe your duties: Describe your duties:
Employed: From Mo Yr to Mo Yr Title of position Starting Salary Last Salary Reason for Leaving Name and address of employer Number of employees you supervised Name and title of your immediate supervisor D. Employed: From Mo Yr to Mo Yr	
Employed: From Mo Yr to Mo Yr Title of position Last Salary Reason for Leaving Name and address of employer Number of employees you supervised Name and title of your immediate supervisor D. Employed: From Mo Yr to Mo Yr Title of position Yr to Mo Yr Title of position Yr Title of position Yr to Mo Yr Title of position Yr Yr Title of position Yr	
Employed: From Mo Yr to Mo Yr Title of position Last Salary Reason for Leaving Name and address of employer Number of employees you supervised Name and title of your immediate supervisor D. Employed: From Mo Yr to Mo Yr Title of position Starting Salary Last Salary Last Salary	
Employed: From Mo Yr to Mo Yr Title of position Last Salary Reason for Leaving Name and address of employer Number of employees you supervised Name and title of your immediate supervisor D. Employed: From Mo Yr to Mo Yr Title of position Starting Salary Last Salary Reason for Leaving To Mo Yr Title of position Starting Salary Last Salary Reason for Leaving True Title of position Starting Salary Last Salary Reason for Leaving True Tr	
Employed: From Mo Yr to Mo Yr Title of position Last Salary Reason for Leaving Name and address of employer Number of employees you supervised Name and title of your immediate supervisor D. Employed: From Mo Yr to Mo Yr Title of position Starting Salary Last Salary Last Salary	
Employed: From Mo Yr to Mo Yr Title of position Last Salary Reason for Leaving Name and address of employer Number of employees you supervised Name and title of your immediate supervisor D. Employed: From Mo Yr to Mo Yr Title of position Starting Salary Last Salary Reason for Leaving To Mo Yr Title of position Starting Salary Last Salary Reason for Leaving True Title of position Starting Salary Last Salary Reason for Leaving True Tr	
Employed: From Mo Yr to Mo Yr Title of position Last Salary Reason for Leaving Name and address of employer Number of employees you supervised Name and title of your immediate supervisor Title of position Starting Salary Last Salary Reason for Leaving Name and address of employer Name and employer Name and employer Name and employer Name employer	
Employed: From Mo Yr to Mo Yr Title of position Starting Salary Last Salary Reason for Leaving Name and address of employer Number of employees you supervised Name and title of your immediate supervisor Title of position Starting Salary Last Salary Reason for Leaving Name and address of employer Number of employees you supervised Number of employees yo	
Employed: From Mo Yr to Mo Yr Title of position Last Salary Reason for Leaving Name and address of employer Number of employees you supervised Name and title of your immediate supervisor Title of position Starting Salary Last Salary Reason for Leaving Name and address of employer Name and employer Name and employer Name and employer Name employer	
Employed: From Mo Yr to Mo Yr Title of position Starting Salary Last Salary Reason for Leaving Name and address of employer Number of employees you supervised Name and title of your immediate supervisor D. Employed: From Mo Yr to Mo Yr Title of position Starting Salary Last Salary Reason for Leaving Name and address of employer Number of employees you supervised	

FIDE	ELITY INFORMATION
1.	Have you ever been convicted, forfeited bond, or are you currently on probation for any felony in a court of law or general court martial? (A felony is defined as an offense punishable by imprisonment for a term exceeding one year.)
	If yes, give details on a separate sheet of paper for each offense. Include (1) date, (2) charge, (3) place, (4) court, and (5) action taken. You must disclose any conviction involving a sentence or suspended sentence. You may omit: (1) any offense committed before your 18 th birthday which was finally adjudicated in a juvenile court; (2) any conviction which has been expunged under Federal or state law. A conviction will not necessarily disqualify you from consideration. A conviction will be judged on its own merits with respect to time, circumstances, and seriousness and only to the extent permitted by law.
2.	Have you ever worked in a position that required you to be bonded? \Box Yes \Box No If yes, please describe in full.
3.	Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? \Box Yes \Box No
If ye	es, please explain:
Dlas	and anotally and simpleday.
	ase read carefully and sign below
I und	lerstand and voluntarily agree to the following:
1.	The facts set forth in my application for employment are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions or false statements on this application shall be considered sufficient cause for refusal of employment, or if employed, termination from AOC employment.
2.	I am a citizen or have a legal right to work and remain in the United States. I will provide identification when required.
3.	I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
4.	Nothing in this document should be construed as contractual in nature.
	Applicant Signature:

Date Signed:

Voluntary Self-Identification of Race/Ethnicity

As an equal opportunity employer, the AOC is required by federal law to compile data on our entire employee population. We ask you to voluntarily assist us in an effort to provide the most accurate data by checking below the one race/ethnic category with which you most closely identify.

The information you provide will be used solely for reporting and statistical analysis purposes. Although we would greatly appreciate your voluntary cooperation, refusal to complete this form will not subject any applicant to adverse treatment.

	Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
	White (not Hispanic or Latino) A person having origins in any of the original peoples of Europe, North Africa, or the Middle East (not of Hispanic origin).
	Black or African – American (not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.
	Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) A person having origins in any of the peoples of Hawai'l, Guam, Samoa or other Pacific Islands.
	Asian (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent; including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
	American Indian or Alaskan Native (not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
	Two or More Races (Not Hispanic or Latino) All persons who identify with more than one of the above six races.
Name	e:

THIS FORM WILL NOT BECOME A PART OF YOUR PERSONNEL FILE